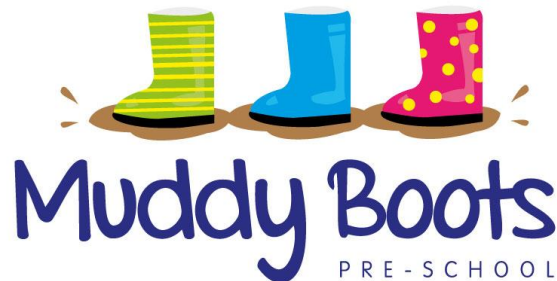


# Muddy Boots Pre-School

## Health – Administering medicines



## Health

### Administering medicines

#### Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. It is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms are completed, by persons who have parental responsibility for the child.

Staff must ensure that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

#### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). The medication must arrive to us in its original packaging as proof of prescription by a qualified medical professional. A child prescribed with antibiotics is considered too ill to attend pre-school, and must only return when recovered.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol), may be administered in rare cases. These might include prevention of seizures triggered by fever, but only with prior written instruction and consent of the parent and only where there is a health reason to do so. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication, and accompanied by written authority from a medical professional.
- We will also record times when parents have administered medicines at home, to ensure doses are given in accordance with medical advice over a 24-hour period.

- Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff will check that it is in date and prescribed to the child, specifically for the current condition. Medicines prescribed by a hospital must be checked to ensure that they are labelled correctly and instructions are included for administration, as per parents written consent.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - the method of administration;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.
- The manager/supervisor is informed when parents bring in a child’s medication. The manager/supervisor receives the medication and parents complete a consent form and instructions for administering the medication. This is done with the manager/supervisor present. The child’s keyworker is informed, and the medications are administered in accordance with parents’ instructions.
- The administration of medicine is recorded accurately on our record of medication sheet each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record sheet to acknowledge the administration of medicine. The medication record sheet records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method;
  - signature of the person administering the medicine and a witness; and
  - parent signature to verify.
- We use our Medication Record for recording administration of medicine.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We ensure the medication record is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person or supervisor is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the setting to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting is in date and return any out-of-date medication back to the parent
- Medication is stored in a box with a lid, which is kept out of children's reach in the setting office. It is clearly marked, and all staff are made aware of its location at the time of their induction.
- Staff medication on the premises will be stored securely and kept out of reach of the children at all times.

### *Children who have long term medical conditions and who may require on-going medication*

- A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the manager alongside the key person. Other medical and social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other pre-school activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- An individual health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The individual health care plan should include the measures to be taken in an emergency.
- The individual health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.

- On returning to the setting the card is stapled to the medicine record and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

*Refused entry to pre-school*

- We reserve the right to refuse entry to a session if a child has arrived without the correct medication (e.g. inhaler in the case of asthma).

**Legal framework**

- The Human Medicines Regulations 2012

**Other useful Pre-school Learning Alliance publications**

- Medication Record (2013)
- Daily Register and Outings Record (2012)